

## **EXHIBIT Q**

Form 402A  
1/98 RevisedDivision of Adult Services  
Department of Homeless Services

## CLIENT NOTIFICATION OF TRANSFER

Shelter: Marsha's House - 480 e. 185th St. BX NYDate: 05 / 10 / 2017

CLIENT'S SURNAME: <u>Lopez</u>	FIRST NAME: <u>Mariah</u>	H.A. NUMBER: <u>[REDACTED]</u>
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You are being OFFICIALLY transferred by 05 / 11 / 2017, because \_\_\_\_\_Administrative Transfer - Safety Concern**Right of Review**

Upon receipt of this notice, you are entitled to meet with your caseworker to discuss why you are being transferred. If you disagree with the transfer, you may have a Supervisory Review to respond to the reason(s) for your transfer.

☐ I accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) \_\_\_\_\_

Date: \_\_\_\_\_

☒ I do not accept the reason(s) for transfer and I request a Supervisory Review.

Client's Signature (X) Client refused to sign

Date: \_\_\_\_\_

☐ I do not accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) \_\_\_\_\_

Date: \_\_\_\_\_

☐ Client refused to sign; however, reason(s) for transfer was explained to client. Supervisory Review mandated.

WITNESSING CASEWORKER:  
SOCIAL SERVICE DIRECTOR/  
SHIFT SUPERVISOR:

Katrina Roye  
Print NameKatrina Roye  
Signature5/10/17  
Date

Signature

Date

Print Name

I have scheduled a SUPERVISORY REVIEW with client on 5 / 10 / 17

ALERT DIRECTOR/DEPUTY: I have reviewed the reasons for transfer with the client, and find that the transfer is:

☐ Withdrawn; no transfer at this time ☒ Upheld; transfer will proceed as above ☐ Revised; new Transfer Shelter and 402A.

Kaedon Gennell  
Print Name[Signature]  
Signature5/10/17  
Date

Distribution: Original to client, copy to case record.